

STATE OF ARKANSAS
STATE BANK DEPARTMENT
JOINT OATH OF DIRECTORS

STATE OF ARKANSAS

_____ }ss.

COUNTY OF _____

We, the undersigned, having been elected directors of _____ Bank of _____, Arkansas, do solemnly swear that we will diligently and honestly administer the affairs of the bank so far as the duty devolves on us, and that we will not knowingly violate, nor willingly permit to be violated, any provision of the law.

Name (*please print*)

Name (*please print*)

Mailing Address

Mailing Address

City State Zip

City State Zip

Telephone

Telephone

Signature

Signature

Subscribed and sworn to before me this _____ day of _____, 19_____.

My Commission Expires _____.

Notary Public

(Cashier should answer the following questions.)

How many directors are authorized by your Articles of Agreement? ____

How many directors were elected for the year? _

